

215047734
70255

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 99	Agency Case No. B5-107400	HIT & RUN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INVESTIGATION MADE AT SCENE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	L 1				
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 11/17/2015			TIME OF ACCIDENT	STATE USE ONLY 11/18/2015				
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1824	PRIVATE PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO					
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO.			ONE-WAY STREET? <input type="checkbox"/> YES <input type="checkbox"/> NO					
C	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE					
D	IF AT INTERSECTION	IF NOT AT INTERSECTION								
1	NAME OF INTERSECTING ROADWAY		O FEET O MILES N S E W		OF NEAREST STREET, BRIDGE, RAILROAD CROSSING					
V1/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN									
20	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN					
V2/M	R. WORK ZONE CODES R1 R2 R3 R4 S. PEDESTRIAN CLASSIFICATION CODES S1 S2 S3 S4 S5-a S5-b S6-a S6-b									
20	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									
E	VEHICLE NO. 1									
2	DRIVER LICENSE NO.	Legally Parked			STATE (Of License)	SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE				
V1/N	DRIVER	Legally Parked			PHONE	LOCAL NO.				
1	DRIVER ADDRESS			CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)					
V2/N	OWNER	LESLEY 4-16-64 A ESTERS			PHONE 4023263310	LOCAL NO.				
1	OWNER ADDRESS			CITY, STATE, ZIP	CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.				
2	2309 Dorothy Dr, Lincoln, NE 68507									
H	LICENSE PLATE PA NO.	SEH615			YEAR (Plate Expires) 2016	STATE (Of Plate) NE				
5	VEHICLE	YEAR 2005	MAKE Chrysler	MODEL TOU	BODY STYLE Mini van	COLOR blue				
V1/O	ESTIMATED DAMAGE		O TOTALED \$ 5000							
2	VEHICLE ID NO. (VIN)	2C4GP54L55R395348			INSURANCE COMPANY America Family Mutual					
V2/O	TOWED TO	TOWED BY			POLICY NO. 170733680500-FPPA-NE					
2	VEHICLE NO. 2									
I	DRIVER LICENSE NO.	Unknown			STATE (Of License)	SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE				
V1/P	DRIVER	unknown			PHONE	LOCAL NO.				
8	DRIVER ADDRESS			CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)					
V2/P	OWNER	Unknown			PHONE	LOCAL NO.				
8	OWNER ADDRESS			CITY, STATE, ZIP	CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.				
J	01									
V1/Q	LICENSE PLATE NO.	Unknown			YEAR (Plate Expires)	STATE (Of Plate)				
4	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR				
V2/Q	ESTIMATED DAMAGE		O TOTALED \$							
4	VEHICLE ID NO. (VIN)	Unknown			INSURANCE COMPANY Unknown					
K	TOWED TO	TOWED BY			POLICY NO.					
01										
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						DATE OF BIRTH (MM / DD / YYYY)				
VEH. #	NAME	ADDRESS			1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.				
VEH. #	NAME	ADDRESS								
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.				
VEH. #	NAME	ADDRESS								
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.				

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-107400



Indicate
North
by Arrow

Unknown Diagram due to unknown location of accident.

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Benjamin Esters reports that he parked his vehicle at school today and other locations. Benjamin reports that tonight he discovered damage to the passenger side of his van. Benjamin stated that his front passenger door wouldn't open. Benjamin stated that he is unsure of what happened or where it happened.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME				PHONE
	NAME				PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <i>(Enter numbers for each vehicle)</i>				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS			
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME		VEHICLE 1		VEHICLE 2		VEHICLE 1		VEHICLE 1		VEH 1		VEH 2		
1	X				Unknown		POINT OF IMPACT	03	POINT OF IMPACT							Driver No. 1	Driver No. 2	Pedestrian	
2					Unknown		MOST DAMAGED AREA	03	MOST DAMAGED AREA							Y	Y	Y	
1	10	06 Turning left 07 Making U-turn 08 Entering traffic lane 09 Leaving traffic lane 10 Parked 11 Slowing or stopped in traffic 12 Other 13 Unknown				00 None 09 Top & windows 10 Undercarriage 11 Total (all areas) 12 Other		1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown	1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown	ALCOHOL LEVEL TESTED N X N X N	BAC LEVEL	ALCOHOL/ DRUGS SUSPECTED 1 Neither alcohol nor drugs suspected 2 Yes - alcohol suspected 3 Yes - drugs suspected 4 Yes - alcohol & drugs suspected 5 Unknown	Driver No. 1 5 Driver No. 2 5						
2																			

OFFICER NO. 1307	TROOP/ TEAM/ BEAT SW	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Brock Wagner		INVESTIGATOR SIGNATURE Approved by Officer Brock Wagner	DATE OF REPORT 11/18/2015